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CONFIRMATION NO. 2584

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/632,558 | FILING OR 371(c) DATE 07/31/2003 RULE | CLASS 600 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. 0545/015 | |
| APPLICANTS Barry Reisberg, New York, NY; Stefanie R. Auer, Bad Ischl, AUSTRIA; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/399,908 07/31/2002 <i>VRM</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/28/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials | | STATE OR COUNTRY NY | SHEETS DRAWING 0 | TOTAL CLAIMS 4 | INDEPENDENT CLAIMS 1 |
| ADDRESS 22440 | | | | | |
| TITLE Management, care and treatment of Alzheimer's disease and related dementias | | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |